

# BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09804004</div>	FILING DATE <div style="font-size: 1.2em; font-family: monospace;">03-12-01</div>
APPLICANT(S)		

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL IND.													
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TOTAL CLAIMS													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS